

September 30, 2004

Corrections to San Bernardino County SIP

Recurrence of Maltreatment (1A) – template

1.1.3 timeframe: delete “months”, add “month”

1.2.3 timeframe: delete “25 months (09/01/05 – 09/30/07)”, add “26 months (08/01/05 – 09/30/07)”

2.1.3 timeframe: delete “01/01/04 – 03/31/06”, add “04/01/06 – 06/30/06”

2.1.4 timeframe: delete “04/01/05 – 09/30/07”, add “07/01/06 – 12/31/07”

2.1.5 timeframe: delete “04/01/05 – 09/30/07”, add “07/01/06 – 12/31/07”

2.2.2 timeframe: delete “32”, add “33”

Timeliness to Adoptions (3D) – template

2.1.2 timeframe: delete “08/30/07”, add “06/30/07”

2.3.1 milestone: delete “on”, add “in”

4.1.2 timeframe: delete “10/01/04”, add “10/01/05”

Children Transitioning to Self-Sufficient Adulthood (8A) - template

1.2.2 timeframe: delete “03/30/06”, add “03/31/06”

1.4.3 milestone: delete “performance”

2.3.3 milestone: delete “it”, add “Pre-ILP Brochure”

Please contact the county for “California’s Child and Family Services Review” system Improvement Plan cover sheet.

State of California
County of San Bernardino



Department of Children's Services

2004
AB636 System Improvement Plan

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Overview

Section I – Local Planning Bodies

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The County's Self-Assessment and System Improvement Plan were developed in collaboration with community organizations and public/private agencies.

The County Department of Children's Services worked with the County's Children's Network, a variety of social service agencies and community stakeholders to develop the multidisciplinary **Self-Assessment Team** that evaluated and assessed areas of the Child Welfare system which had been identified as needing improvement. Through regional multidisciplinary teams, outreaches, and direct contact with Child Welfare system

stakeholders, the Self-Assessment Team gathered information that assessed the overall functioning of the system and provided insight into the areas that need improvement.

The structure of the Children's Network offered an existing and well-established foundation upon which to build the Self-Assessment Team. The basic components of the Children's Network are:

- *Policy Council* – Department Heads and key leaders of children's programs.
- *Children's Services Teams* – Agency representatives. The role and membership of this group was expanded to meet the requirements of the Self-Assessment Team.
- *Community Collaboratives* – Regional agency and community representatives. Building linkages from the Collaboratives to the Self-Assessment Team enhanced community representation and collaboration.
- *Children's Lobby* – Assesses legislative changes on behalf of children.

Membership of the Self-Assessment Team:

- DCS Manager (Co-Chair)
- Public Health Manager (Co-Chair)
- DCS Social Service Practitioner
- Probation Representative
- Department of Behavioral Health Representative
- Foster Parent
- County Schools Representative
- Parent/Child advocate
- CASA (Court Appointed Special Advocate)
- Juvenile Court Representative
- Law Enforcement Representative
- Children's Network Officer
- Regional Center Representative
- Prop 10 Commission Representative
- County Counsel Representative

DCS established teams to assist with efforts to interpret data, communicate findings, assess the need for improvement, and to produce a plan to address areas in need of improvement. These teams consisted of community members, caregivers, providers of children's services, public/private agencies, DCS staff and staff from other County departments and agencies.

The **Data Team** reviewed statewide and countywide outcome measures provided by the State, reducing the outcomes to regional and sometimes unit level measures. This team developed survey tools, compiled survey data and focus group data, and provided reports to the Management Team, the Self-Assessment Team and the Program/Policy Evaluation Team. The Data Team assisted in writing the Self-Assessment and the System Improvement Plan.

The **Program/Policy Evaluation Team** reviewed the Data Team's reports and recommendations. This team reviewed monthly performance reports, Peer Quality Review findings, and policy and practice issues related to Department performance. The team recommended programmatic changes and training areas, and received feedback from the Management Team and the Self-Assessment Team to develop measurable goals and objectives.

The **Peer Quality Review Team** traveled to neighboring counties to review cases. This team facilitated case reviews when neighboring counties reviewed our cases.

The **Communications and Training Team** communicated findings and recommendations to all levels of DCS staff. This team is responsible to develop and coordinate necessary training. Additionally, this team will develop monitoring tools to be used by social work staff.

The **Community Collaboration Team** communicated findings and recommendations to community stakeholders. This team received input from the Self-Assessment Team, Management Team and Program/Policy Evaluation Team and began to prepare the SIP.

Multitudes of partners were identified to provide support and membership for these teams. They include County Program Development Division, Program Integrity Division, Legislation & Research, Quality Support Services, IQS (Improving Quality System-wide), Emergency Response Taskforce, Performance-Education-Resources-Center, Children's Network, DCS Special Services, DCS Regions, and the DCS Administrative Resources Division.

The DCS Administrative Resources Division handled the portion of the work that was administrative in nature. ARD developed structures and processes that guided the Department through the various tasks that are required by AB636. DCS social work staff participated on committees and workgroups, providing vital input and perspective on practice and process.

The members of these teams produced the final Self-Assessment report and then focused on the three outcome areas of the System Improvement Plan. SIP groups were formed in a manner which best utilized each member's expertise and area of interest to develop the goals, strategies and milestones for improving the County's performance in each of the identified outcome areas. A collaboration of community, public/private agency partners and County staff contributed to the development of the System Improvement Plan.

Section II – Support for Qualitative Change

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The collection and analysis of data for the development of the Self-Assessment and the System Improvement Plan was achieved through the Peer Quality Case Review process, various surveys, interviews, focus groups, and reviews. This section highlights the various data collection techniques employed and briefly describes some of the findings and the Department's response to some of those findings. Of particular importance are

the findings relevant to three outcomes addressed in this SIP: Recurrence of Maltreatment, Timeliness to Adoptions, and Children Transitioning to Self-Sufficient Adulthood.

Peer Quality Case Review:

The Peer Quality Case Review process was used during March 2004, in San Bernardino County, as an adjunct process to inform the Self-Assessment report mandated by AB636. The Peer Quality Case Review (PQCR) process included data review and specified case record reviews, structured individual caseworker interviews, supervisor focus groups, and concurrent and subsequent PQCR team debriefings. The focus area for investigation, 'Family Involvement in Case Planning' was selected by the Department of Children's Services to identify and review critical patterns in practices, strengths, concerns, themes, and trends as well as needs for resources and services.

The sampling methodology was both random and representative of the County's caseload. A total of 85 cases were examined in order to enhance the probability of reliable and applicable results using qualitative versus quantitative methodology.

PQCR findings on CWS/CMS:

The PQCR found that the Department makes effective use of CWS/CMS (Child Welfare Services / Case Management System). The evaluation was done through documents reproduced from CWS/CMS, including case plans, court reports, and delivered service logs, and through interviews with social workers.

Although the Department's use of CWS/CMS is effective, the system proves to be unduly restrictive. Overall CWS/CMS is cumbersome and unwieldy. For instance, case plans cannot easily be made specific to client needs. Initial case plans are often produced with minimal client participation due to the intake worker's time limitations and data entry requirements.

PQCR findings on case documentation:

An evaluation of documentation trends included a review of the case plan document, court reports (if applicable), delivered service logs, and hard file documents. These items were evaluated for compliance with County policy, and for appropriate practices. It was discovered that staff has more information in their memories, and has delivered a greater degree of services than is reflected in their documentation. Often, staff has difficulty finding time to enter the data. There also appears to be a lack of consistent expectations about what should be entered.

PQCR finding on case plans:

The Department's PQCR revealed a need to change the process for creating the initial case plan by allowing more time to develop the case plan and providing for earlier

involvement of the carrier worker. This will allow for more specific and more appropriate initial case plans to be developed. The Department will continue to work with the Court to develop a more flexible process to amend and modify case plans between review hearings.

PQCR findings on family involvement:

The Department's philosophy is to provide services in the least intrusive manner with a family centered focus. The PQCR affirmed that social workers strive to maintain the lowest level of intervention and the greatest amount of collaboration with the family.

In the majority of cases there was found to be immediate involvement of children and families in case planning. Social workers were found to be persistent in locating and working with families early in the process.

A recommendation arising from the Department's PQCR calls for the development of a policy whereby an "Orientation Meeting" could be held with the immediate and extended family to inform them of the dependency process and role the Court plays in that process.

Other PQCR findings:

The Department's PQCR suggests the benefits of legislation and funding to support treatment of emotionally and behaviorally disordered children outside of the Child Protective Services venue, as a means of decreasing the occurrence of parental abandonment of their children in order for the child to receive treatment.

Additionally, staff has indicated through PQCR that they feel supported by their peers and supervisors.

Survey of use of Concurrent Planning:

The Department enlisted the services of the County's Legislation, Research and Quality Support Services (LRQ) Research and Statistics Unit to conduct a survey of open Family Reunification and Permanent Placement cases to determine the Department's compliance with its Concurrent Planning policy as evidenced by documentation in the case file. A statistically valid representative sample of 350 cases was used. This sample consisted of cases pulled from each Department office. The findings show that Concurrent Planning is not consistently and appropriately used by social workers and enforced by supervisors. The findings suggest that staff values/beliefs may impede compliance with the Department's policy and expectations that Concurrent Planning be an integral part of case management from the very onset of the case. The Department will further explore the perceived barriers to implementing the County policy on Concurrent Planning.

Verbal interviews with social workers during the PQCR indicated that Concurrent Planning is occurring, however it is neither documented nor viewed as an integrated part of the case planning process. Rather, it is seen as a stand-alone process. The Department

continues to emphasize to social workers the necessity of Concurrent Planning as an integral and “concurrent” aspect of providing for the safety, well-being and permanency of the child.

Survey of Birth Parents:

The Department enlisted LRQ to conduct a survey of Birth Parents of children with open Family Maintenance and Family Reunification cases to determine the level of their satisfaction with their child’s social worker. A random sample of 400 cases was drawn from 3,617 active FM/FR cases representing 671 (all) birth mothers with active home and out-of-home cases and active residences located within San Bernardino County. A total of 375 addresses were valid out of the 400 case mothers sampled. A total of 47 surveys were completed and returned.

Overall, the majority of the birth parents responding to the survey were satisfied with their child’s DCS social worker. The notable areas of the birth parents’ concern were 1) lack of resources provided to parents to improve their parenting skills, 2) parents not being asked what services they felt were needed, and 3) social workers not being sufficiently sensitive to the client family’s culture and religious beliefs. The survey also revealed a need for social workers to improve the accuracy of parental residential addresses for the Family Maintenance and Family Reunification cases on CWS/CMS.

Survey of ILP Youth:

The Department requested a survey of ILP eligible youth receiving Independent Living Program (ILP) services. The County’s ILP serves both Department of Children’s Services dependents and Probation wards, as well as youth who have aged out of the system (AfterCare). Because CMS driven data is not available for ILP outcomes, manually collected data from the annual SOC 405A report was used for the purposes of this survey. Additionally, the survey instrument was distributed at an ILP Employment Conference held on April 24, 2004, at the Ontario Convention Center. Approximately 150 youth from DCS, Probation and AfterCare attended the conference. A total of 110 youth completed the survey for a response rate of 73%. An incentive was given to youth who attended the Employment Conference.

Based on data collected in a recent LRQ survey, ILP youth are optimistic about their future and most are planning to continue their education. The majority are satisfied with their communication with their social worker. The survey reveals a need for additional understanding of the importance of court proceedings. Additionally, the ILP youth surveyed appear to need assistance in developing positive relationships with their siblings.

Survey of Mandated Reporters:

Mandated Reporters were surveyed by LRQ as part of the Self-Assessment process. Of the surveys mailed out to 404 (all) mandated reporters who made a referral in February

2004, 197 surveys were completed and returned. Allowing for bad addresses, the positive response rate was 49%. The survey of mandated reporters reveals an overall satisfaction with the Child Abuse Hotline. The majority of the mandated reporters surveyed feel that CAHL workers answered their calls promptly and courteously, attentive to all relevant information. Some of the responses suggested that while most CAHL social workers present in an experienced, knowledgeable and professional manner, more consistent and thorough training might benefit other CAHL workers by increasing sensitivity and a higher regard for confidentiality.

Many of the mandated reporters surveyed feel that CAHL workers should do a better job of explaining what is going to happen after the mandated reporter makes a report of suspected child abuse or neglect. The responses to the survey also indicated that the majority of mandated reporters know they are entitled to be informed, in writing, of the final results of their Child Protective Services (CPS) report. Almost half of the mandated reporters surveyed feel they can benefit from additional training in the identification and reporting of child abuse and neglect.

Several of the mandated reporters commented on the referral investigation techniques used by intake social workers. Some expressed a concern that limited Department resources may contribute to a delay in removing a child from an unsafe situation.

Review of recurrence of maltreatment data:

The Department requested that LRQ conduct a review of multiple open referrals to determine the accuracy and applicability of the California Department of Social Services (CDSS) data on the County rate of recurrence of maltreatment and to identify trends in the number of multiple open referrals carried per unit of social workers. All regions were reviewed in February 2004 and some regions were reviewed in March 2004. This review revealed that some units consistently carried exceptionally few multiple open referrals. The Department continues to study the practices of these identified units to determine which of these practices will help other units improve performance. The Department will also continue to collaborate with the State and other counties to refine the State's methodology for generating data to measure this outcome.

Review of fairness and equity data:

In this SIP, the Department has also included goals for strengthening community and staff awareness of fairness and equity for all children and families in the child welfare system. The collection of data, which informed the development of the plan to increase fairness and equity, was gathered through interviews, focus groups, examination of outcome data and a review of current practices.

Section III – Summary of the Self-Assessment

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A. Discussion of System Strengths and Areas Needing Improvements

The talented, dedicated, and professional social work staff is perhaps the greatest system-based strength San Bernardino County has in providing positive, effective Child Welfare Services. DCS social workers use a strength-based approach to working with their clients. Case planning is performed in collaboration with clients, keeping in mind the greatest level of participation and least level of prescriptive activities possible, to empower clients to move toward positive change. There is a high degree of creative social work in attempting to deal with challenges to completing a successful case plan. Caseworkers display a consistent pattern of revising case plans as needed, determined by the situation and needs of the family. Creative efforts on the part of social workers, or delivery of the service by the social workers themselves, are employed as strategies for overcoming barriers to service provision.

The active involvement of families in the planning and provision of effective services and care for the children is another tremendous strength of our County. In the majority of cases, there is immediate involvement of children and families in case planning. Social workers are persistent and 'go the extra mile' in locating and working with families early in the process. Social workers use their relationship and clinical skills to connect with the family. Family Group Decision Making or some form of family conferencing is overwhelmingly seen as instrumental in helping produce positive results with the family. Reaching out to extended family members and the family's larger support system is valued and utilized by the caseworkers. When children must be placed in out-of-home care, our County does particularly well in placing siblings together.

Another strength of San Bernardino County is the existence of a wide range of partnerships to provide collaborative and integrated prevention and early intervention services to at-risk children and families. The County's new SART (screening, assessment, referral, and treatment) and Healthy Homes programs are promising examples of interagency collaborations that support and reflect our commitment to preventive and early intervention child welfare services. The interagency collaboratives described in this Self-Assessment form a holistic and multidisciplinary approach to providing effective child welfare services.

The following have been identified as needing improvement:

- **Recurrence of Maltreatment:** We are examining our Department's risk-assessment policies and considering establishing a standardized risk-assessment. We will also be cleaning up data and exploring new strategies for monitoring data entry compliance. Clearly, this strategy will positively affect other outcomes as well.
- **Timeliness to adoption:** We are reviewing our concurrent planning policy and modifying those areas that will improve outcomes for children and better reflect our adoptions efforts. Policy modifications will improve the quality of concurrent planning documentation.
- **ILP:** While we are providing ILP services to a greater number of youth, relative to other counties, the effectiveness of these efforts is unclear. We will endeavor to refine our data collection techniques and expand our data collection capabilities, working with the State and other institutions servicing transitioning youth. We are also striving to increase awareness of ILP services, examining establishment of a California Youth

Connection and encouraging more active involvement of youth in the creation of the Transitional Independent Living Plan.

The following are areas in which additional support from the State would help our County achieve improved positive outcomes for children and families:

- Allocate more funding to adequately support at least the minimum staff required to meet all state and federal mandates for the provision of child welfare services.
- Establish clear and specific requirements for documentation, case planning, and service provisions and provide funding commensurate with standards to meet those requirements both in terms of staffing levels and resource procurement.
- Enact legislation that directs Juvenile Court activity be congruent with best practices and research based successful interventions strategies to assure family involvement and worker flexibility to modify case planning activity.
- Enact legislation and secure funding to control court and attorney activities that extend cases beyond the statutory limits for reunification to aid in timeliness for adoptions.
- Enact legislation and secure funding to reform the relative approval process, in order to decrease delays in placement of children with family while still ensuring the safety of the children.
- Enact legislation and secure funding to support treatment of emotionally and behaviorally disordered children outside of the Child Protective Services venue so as to limit parental abandonment of their children in order for the child to receive treatment.
- Enact and support legislation to remove barriers to interagency collaboration and communication and blended funding sources.
- Implement strategic improvements in the CWS/CMS system that align it with social work practice and more flexible application by users as well as the ability to customize specific portions for County administration.

B. Areas for further exploration through the PQCR

San Bernardino County completed the PQCR process in March 2004. This Self-Assessment Report represents a combination of facts and issues arising from our PQCR and Self-Assessment processes. With the issues covered in this report in mind, we intend to continue exploring strategies to improve outcomes for the children and families of San Bernardino County.

San Bernardino County has a geographic area of 20,160 square miles (51,961 square kilometers). To put this in perspective, geographically our County would be the 42nd largest State in the Union and the 38th largest in population. While it continues to be a tremendous challenge to provide fair, equitable, and effective child welfare services to our children and families across such an expansive area, this issue highlights the outstanding accomplishment of the departments and agencies that successfully do just that.

Recurrence of Maltreatment (1A)

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This federal safety outcome measure compares all children with a substantiated allegation occurring within the first six months of the 12-month study year, with the number of those same children who had another substantiated allegation within the study year. For the period of January 1, 2003 through December 31, 2003, San Bernardino County had a recurrence rate of 15.2%.

Improvement Goal 1.0 is to improve recurrence outcome data. The Department will assist the state in redefining secondary vs. subsequent referral and re-run outcome data from January 04 and after. The current methodology for calculating a county's recurrence rate generates inaccurate and misleading data. To be effective, practice-based improvement strategies must be based on accurate and reliable data. The Department will ensure that staff is following appropriate procedures for associating referrals, which will improve accuracy and reliability of data on which practice-based improvement strategies will be based.

Decreasing the County's true rate of recurrence is Improvement Goal 2.0. The Department will develop and implement a standardized risk and safety assessment tool, if practicable, based on exploration of successful practices. The Self-Assessment and the Peer Quality Case Review revealed that workers differ in their decision-making processes regarding leaving children in the home. This goal calls for expanding implementation and use of team decision making practices, utilizing best practices by partnering with families and communities.

Improvement Goal 2.0 also calls for the Department to develop community capacity for early intervention. The Department will evaluate dynamics of families which generate frequent and recurrent referrals in order to expand its understanding of the true nature of recurrence. Achieving Improvement Goal 2.0 will enable the Department to better focus resources into preventive services for families that have disproportional referral rates.

The County's performance in this outcome area will be improved through refining the measuring methodology for this outcome and through increasing the accuracy of associating referrals to distinguish between a recurrence and a duplicate referral. Additionally, the County's performance will be enhanced by preventive measures utilizing community involvement and increased understanding of the dynamics of families with multiple and recurrent referrals.

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Outcome/Systemic Factor: Recurrence of Maltreatment (1A): This federal safety outcome measure compares all children with a substantiated allegation occurring within the first six months of the 12-month study year, with the number of those same children who had another substantiated allegation within the study year.						
County's Current Performance: For the period of January 1, 2003 through December 31, 2003, San Bernardino County had a recurrence rate of 15.2%.						
Improvement Goal 1.0 Improve recurrence outcome data.						
Strategy 1.1 Assist the state in redefining secondary vs. subsequent referral and re-run outcome data from January 04 and after.			Strategy Rationale: The current methodology for calculating a county's recurrence rate generates inaccurate and misleading data. To be effective, practice-based improvement strategies must be based on accurate and reliable data.			
Milestone	1.1.1	Problems with methodology identified.	Timeframe	6 months (10/01/04 – 03/31/05)	Assigned to	Statewide AB636 Data Workgroup
	1.1.2	CDSS approval for revised methodology.		6 months (10/01/04 – 03/31/05)		Statewide AB636 Data Workgroup
	1.1.3	Re-run data from January 04 and after.		1 months (10/01/04 – 10/31/04)		CDSS, UC Berkeley
Strategy 1.2 Ensure staff is following appropriate procedures for managing referrals.			Strategy Rationale: Following appropriate procedures for associating referrals should improve accuracy and reliability of data on which practice-based improvement strategies will be based.			
Milestone	1.2.1	State policies regarding managing referrals reviewed.	Timeframe	3 months (11/01/04 – 01/31/05)	Assigned to	Program Specialist, Program Manager, AB636 Program/Policy Team
	1.2.2	All SW staff are informed and trained regarding appropriate referral policies.		6 months (02/01/05 – 07/31/05)		Child Welfare Services Managers, Supervising Social Services Practitioners, Program Specialist
	1.2.3	Supervisors and staff are monitoring and verifying that staff is following appropriate procedures for managing referrals.		25 months (09/01/05 – 09/30/07)		Child Welfare Services Managers, Supervising Social Services Practitioners, Program Specialist

Improvement Goal 2.0 Decrease true rate of recurrence.						
Strategy 2.1 Develop and implement a standardized risk and safety assessment tool, if practicable, based on exploration of successful practices.				Strategy Rationale: Builds on current strengths. Self-Assessment and the Peer Quality Case Review results showed that workers differ in their decision-making processes regarding leaving children in the home.		
Milestone	2.1.1	Explore current successful risk and safety assessment practices (inside and outside our county) for possible implementation.	Timeframe	6-12 months (10/01/04 – 09/30/05)	Assigned to	AB636 Program/Policy Team, DCS staff
	2.1.2	Develop standardized risk and safety assessment tool and policies for its use (if practicable).		12 months (04/01/05 – 03/31/06)		AB636 Program/Policy Team, Department of Children’s Services (DCS) Management Team, DCS-Community Resources Development (DCS-CRD)
	2.1.3	Approval of proposed policy and procedure changes.		3 months (01/01/04 – 03/31/06)		DCS Mgmt, PDD
	2.1.4	Staff trained in new risk and safety assessment policies and procedures.		18 months (04/01/05 – 09/30/07)		PERC, PCWTA, DCS
	2.1.5	Supervisors are monitoring and verifying that staff is following appropriate risk and safety assessment policies and procedures.		18 months (04/01/05 – 09/30/07)		Child Welfare Services Managers, Supervising Social Services Practitioners
Strategy 2.2 Expand implementation and use of team decision making practices.				Strategy Rationale: Utilizes best practices by partnering with families and communities.		
Milestone	2.2.1	Evaluate current team decision making practices. Coordinate with Family to Family on team decision making model.	Timeframe	24 months (10/01/04 – 09/30/06)	Assigned to	Family-to-Family, PDD, DCS, HSS-Legislation and Research
	2.2.2	Expand involvement of community partners in team decision making bodies.		32 months (01/01/05 – 09/30/07)		Family-to-Family, PDD, DCS, HSS-Legislation and Research

	2.2.3 Implement team decision making and revise CWS Handbook.		18 months (07/01/05 – 12/31/06)		PDD, DCS-CRD, DCS Mgmt
	2.2.4 Identify and train community stakeholders for involvement in team decision making.		24-27 months (07/01/05 – 09/30/07)		PERC, PCWTA, DCS, Family-to-Family, Children’s Network
	2.2.5 Monitor use and evaluate success of expanded use of team decision making.		24-27 months (07/01/05 – 09/30/07)		Family-to-Family, HSS Legislation and Research, QSS
Strategy 2.3 Develop community capacity for early intervention.			Strategy Rationale: Utilizes best practices by partnering with families and communities.		
Milestone	2.3.1 Evaluate current community capacity and utilization.	Timeframe	18 months (10/01/04 – 03/31/06)	Assigned to	Family-to-Family, DCS-CRD, Children’s Network, First 5
	2.3.2 Coordinate with community partners to conduct community capacity needs assessment.		18-24 months (10/01/04 – 09/30/06)		Family-to-Family, DCS-CRD, Children’s Network, First 5
	2.3.3 Develop and conduct Request-for-Proposal process to contract with community based organizations to provide intervention services.		36-48 months (10/01/04 – 09/30/08)		Family-to-Family, DCS-CRD, Children’s Network, First 5
	2.3.4 Train CBO’s to provide early intervention services.		48 months (01/01/05 – 12/31/08)		Family-to-Family, DCS-CRD, Children’s Network, First 5
Strategy 2.4 Evaluate dynamics related to families that generate frequent and recurrent referrals.			Strategy Rationale: Understanding the true nature of recurrence will enable us to better focus resources into preventive services for families which have disproportional referral rates.		
Milestone	2.4.1 Workgroup organized to study issue.	Timeframe	3 months (10/01/04 – 12/31/04)	Assigned to	DCS-ARD, DCS-Special Services, HSS-Legislation and Research
	2.4.2 Referral data analyzed.		15 months (01/01/05 – 03/31/06)		DCS-ARD, Special Services, HSS-Legislation and Research

	2.4.3 Reports generated		30 months (04/01/06 – 09/30/08)		DCS-ARD, DCS-Special Services, HSS-Legislation and Research
Discuss changes in identified systemic factors needed to further support the improvement goals. The County's performance in this outcome area will be improved through refining the measuring methodology for this outcome and through increasing the accuracy of associating referrals to distinguish between a recurrence and a duplicate referral. Additionally, the County's performance will be enhanced by preventive measures utilizing community involvement and increased understanding of the dynamics of families with multiple and recurrent referrals.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Specific training needs will be evaluated, developed, and provided to ensure goals are achieved.					
Identify roles of the other partners in achieving the improvement goals. We will be working collaboratively with a wide variety of partners to accomplish our goals.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. The County will work with CDSS to refine and re-run the measurement data for this outcome.					

Timeliness to Adoption (3D)

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This federal outcome measure compares the number of children who were adopted from child welfare supervised foster care during a 12-month study period with the number of those same children who had been in care for less than 24 months.

According to data generated by CDSS, during Federal FY 2001/02 there was a total of 414 foster children adopted, 68 (16%) of whom had been in foster care less than 24 months. The same outcome measurement for FY 2002/03 reflects an improvement of 3.4%, increasing the percentage of children adopted in less than 24 months of foster care to 19.4%.

Children adopted after 24 months had an open CWS/CMS case for 4.7 years on average.

The Timeliness to Adoption outcome is a multiple system outcome. There are numerous agencies that have a stake in the child's well being and numerous rules and regulations that must be adhered to by each agency for children to be appropriately transitioned from foster care to adoption.

There are also community issues that affect this outcome, such as foster parent resources, community capacity for adoption and the intensity of concurrent planning. The Department is evaluating its concurrent planning process to ensure the public is better informed of options and benefits regarding adoptions.

Improvement Goal 1.0 calls for increasing quality communication between adoptions and CPS. The Department will conduct a review of the existing concurrent planning policy and process to identify breakdowns in the process and find solutions.

Increasing family and community involvement in the concurrent planning process is Improvement Goal 2.0. This goal will be achieved through the implementation of the Family to Family program, a well-established method of increasing community and family involvement in the decision making process for the long-term care of children. Shared decision making increases transparency to the community and gives clarity to parents. The Department will also develop concurrent planning training materials for families and community participants to enable fuller participation and understanding of the concurrent planning process.

Improvement Goal 3.0 is to achieve early identification and placement of children into concurrent planning homes. The Department will review existing Reunification Prognosis Assessment policy. Use of an effective reunification prognosis assessment tool will allow early identification of families who may be at increased risk of non-reunification, thereby allowing increased focus on locating concurrent planning homes for their children. The Department will review and assess the current matching process. Increased understanding of the matching process will help social workers participate more effectively in the adoption process. Concurrent planning training and home study practices for relative caregivers will be reviewed. Clarification of expectations regarding participation in the reunification process will increase availability of concurrent planning homes, thereby providing additional stability for children, with fewer placement changes.

Improvement Goal 4.0 calls for decreased court delays due to contested and continued hearings. The Department will advocate for the establishment of additional judicial departments to hear juvenile dependency cases. Additional courtroom(s) will reduce the time needed to schedule unavoidable contested hearings and continuances for good cause, thereby shortening court timeframes for 366.26 hearings. The development of an understandable “366.26 Advisement” for families will assist parents in understanding personal ramifications of state-mandated legal timelines and criteria for termination of reunification services. This goal also calls for improved search and noticing practices to reduce contested and continued hearings in Juvenile Court due to lack of notice and/or due process.

Improvement Goal 5.0 is to improve adoptions outcome data. The Department will refine the adoptions data, enabling comparisons to be made between the rate of adoptions arising from new family reunification cases and the rate of adoptions arising from guardianship or long-term foster care. To achieve this goal, the Department will review adoptions completed within 24 months for children who never had a permanent placement of long-term foster care. This data will be compared to data gathered in a review of adoptions completed within 24 months for children who had a permanent placement of long-term foster care for 12 months or longer.

Improved training for social workers and line supervisors will increase the appropriate use and effectiveness of concurrent planning, resulting in an improvement in performance in this outcome area. Continued refining of court procedures will facilitate faster adoptions. Increasing community capacity for adoptions will enable adoptions to occur sooner and enable the child to remain in the community.

Specific training programs for parents, caretakers and staff will be developed in the areas of concurrent planning process and court procedures regarding juvenile dependency cases. Technical assistance and numerous resources will be necessary to facilitate the needed informational changes in all of the above areas.

DCS/ARD will assist PDD, PERC, Special Services, Adoptions and judicial representatives in reviewing existing training materials and policies/procedures in their respective areas. Any needed changes will be identified and the development of new procedures will be planned and implemented in the respective departments.

These goals can be accomplished with additional support from the State in the following areas. An increase in State allocated funding is needed to adequately support at least the minimum staff required to meet all state and federal mandates for the provision of child welfare services. There is a need for enactment of legislation that directs Juvenile Court activity to be congruent with best practices and research-based successful intervention strategies to assure family involvement and worker flexibility in modifying case planning activity. Additional legislation is needed to control court and attorney activities that extend cases beyond the statutory limits for reunification and aid in timeliness to adoption.

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Outcome/Systemic Factor: Timeliness to Adoption (3D) - This federal outcome measure compares the number of children who were adopted from child welfare supervised foster care during a 12-month study period with the number of those same children who had been in care for less than 24 months.

County's Current Performance: During Federal FY 2001/02 there was a total of 414 foster children adopted, 68 (16%) of whom had been in foster care less than 24 months. Outcome 3D shows that San Bernardino County increased that percentage to 19.4%, in FY 2002/03, an improvement of 3.4%.

Outcome 3D is a multiple system outcome. There are numerous agencies that have a stake in the child's well being and numerous rules and regulations that must be adhered to by each agency for children to be appropriately transitioned from foster care to adoption.

Improvement Goal 1.0 Increase quality communication between adoptions and CPS.

Strategy 1.1 Conduct review of the current Concurrent Planning Policy and process.

Strategy Rationale: Review of Concurrent Planning policy will identify and provide solutions to current breakdowns in the process.

Milestone	1.1.1 Assess current policies and practices.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, Adoptions
	1.1.2 Update/change current practices and policies as needed.		18-24 months (10/01/04 – 09/30/06)		PDD, AB636 Program/Policy Team, ARD, Adoptions
	1.1.3 Implement and train staff on needed policy and practice changes.		18-24 months (10/01/05 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, Adoptions, PERC
	1.1.4 Monitor and evaluate adoption timeliness outcomes.		On-going		PDD, AB636 Program/Policy Team, ARD, Adoptions, LRU

Improvement Goal 2.0 Increase family and community involvement in the Concurrent Planning Process.

Strategy 2.1 Implement Family to Family Program

Strategy Rationale: The Family to Family model is a well-established method of increasing community and family involvement in the decision making process for the long-term care of children.

Milestone	2.1.1	Develop Family to Family steering committee.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	Family To Family (F2F)
	2.1.2	Implementation of Family to Family in appropriate county areas as determined by the steering committee.		18-24 months (07/01/05 – 08/30/07)		F2F
	2.1.3	Countywide Implementation of Family to Family practice.		24-42 months (07/01/05 – 12/31/08)		F2F
Strategy 2.2 Develop training materials regarding the Concurrent Planning Process for key stakeholders.				Strategy Rationale: Additional information for families and community participants will allow fuller participation and understanding of the concurrent planning process.		
Milestone	2.2.1	Review current Concurrent Planning process training materials available.	Timeframe	6 months (10/01/04 – 03/31/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, Adoptions
	2.2.2	Compile needed training information and materials.		6-12 months (04/01/05 – 03/31/06)		AB636 Program/Policy Team, PERC, ARD, Adoptions
	2.2.3	Conduct training for community and staff in areas that are lacking.		12-18 months (04/01/06 – 09/30/07)		Adoptions, PERC, F2F
	2.2.4	Evaluate and monitor effectiveness of training tools.		On-going		PDD, AB636 Program/Policy Team, ARD, Adoptions
Strategy 2.3 Expand community and family involvement in Concurrent Planning decision making process (Expanded CPR).				Strategy Rationale: Shared decision making process increases transparency to community and gives clarity to parents.		
Milestone	2.3.1	Identify key stakeholders on Concurrent Planning process.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, Adoptions, F2F
	2.3.2	Train stakeholders.		18-24 months (10/01/05 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, Adoptions, F2F
	2.3.3	Establish a community based Concurrent Planning Review Process.		18-24 months (10/01/05 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, Adoptions, F2F

	2.3.4 Monitor and evaluate compliance and effectiveness.		On-going		PDD, AB636 Program/Policy Team, ARD, Adoptions, F2F	
Improvement Goal 3.0 Achieve early identification and placement of children into concurrent planning homes.						
Strategy 3.1 Conduct review of the current Reunification Prognosis Assessment Policy.			Strategy Rationale: Use of an effective Reunification Prognosis Assessment tool will allow early identification of families who may be at increased risk of non-reunification, thereby allowing increased focus on locating concurrent planning homes for the children.			
Milestone	3.1.1	Evaluate current policy and use of reunification prognosis tool.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, Adoptions
	3.1.2	Revise and implement modified reunification assessment policy, if needed.		18-24 months (10/01/05 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, Adoptions
	3.1.3	Evaluate and monitor effectiveness.		On-going		PDD, AB636 Program/Policy Team, ARD, Adoptions
Strategy 3.2 Review and assess current matching process.			Strategy Rationale: Increased understanding of matching process will help social workers participate more effectively in the adoption process.			
Milestone	3.2.1	Evaluate current matching policy and procedures; make recommendations for improvement.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, Adoptions, DCS Staff
	3.2.2	Train staff on matching process, roles and responsibilities.		18-24 months (10/01/05 – 09/30/07)		PDD, Adoptions, DCS Staff
	3.2.3	Monitor and evaluate practices and procedures.		On-going		PDD, Adoptions, DCS Staff, LRU

Strategy 3.3 Review and assess concurrent planning training and home study practices for relative caregivers.			Strategy Rationale: Clarification of expectations regarding participation in the reunification process will increase availability of concurrent planning homes, thereby providing additional stability for children, with fewer placement changes.			
Milestone	3.3.1	Evaluate and assess current training to prospective Relative Placement homes.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, Special Services, Kinship Advisory Council
	3.3.2	Modify training to unify the current Home Study process and clarify roles and responsibilities for Relative Placements.		18-24 months (10/01/05 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, Special Services, Kinship Advisory Council
	3.3.3	Evaluate and monitor training process.		On-going		PDD, AB636 Program/Policy Team, ARD, Special Services, Kinship Advisory Council
Improvement Goal 4.0 Decrease court delays due to contested and continued hearings.						
Strategy 4.1 Advocate the establishment of additional judicial departments to hear juvenile dependency cases.			Strategy Rationale: Additional court room(s) will reduce the time needed to schedule unavoidable contested hearings and continuances for good cause, thereby shortening court timeframes for 366.26 hearings.			
Milestone	4.1.1	Evaluate current workload of judicial system to justify additional departments.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, Adoptions, court personnel
	4.1.2	Coordinate with Superior Court and judicial council to raise awareness of benefits of additional departments.		18-24 months/On-Going (10/01/04 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, Adoptions, court personnel
Strategy 4.2 Develop an understandable “366.26 Advisement” for families.			Strategy Rationale: Will assist parents in understanding personal ramifications of state-mandated legal timelines and criteria for termination of reunification services.			
Mileston	4.2.1	Coordinate with County Counsel and Court to re-write the “366.26 Advisement” in “Turner” language.	Timefram	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, Adoptions, court personnel, County Counsel

	4.2.2 Incorporate revised “366.26 Advisement” into the community based Concurrent Planning Review.		18-24 months (10/01/05 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, Adoptions, court personnel, County Counsel
	4.2.3 Coordinate with Court to develop an orientation to Juvenile Court Practices for court-involved families and other community members.		12-24 months (10/01/04 – 09/30/06)		PDD, AB636 Program/Policy Team, ARD, Adoptions, court personnel, County Counsel
Strategy 4.3 Improve search and noticing practices.			Strategy Rationale: Proper notice will reduce contested and continued hearings in Juvenile Court due to lack of notice and/or due process. Proper search will also identify fathers and extended family who may be appropriate for early placement.		
Milestone	4.3.1 Assess effectiveness of current search and noticing practices.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, AB636 Program/Policy Team, ARD, court personnel, County Counsel
	4.3.2 Update and/or change the current policies and practices as needed.		18-24 months (10/01/05 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, court personnel, County Counsel
	4.3.3 Implement and monitor search and noticing practices.		On-going		PDD, AB636 Program/Policy Team, ARD, court personnel, County Counsel
Improvement Goal 5.0 Improve adoptions outcome data.					
Strategy 5.1 Refine adoptions data.			Strategy Rationale: Refining the data will enable the Department to compare the rate of adoptions arising from new family reunification cases versus adoptions arising from guardianship or long-term foster care.		

Milestone	5.1.1	Review adoptions completed within 24 months for children who never had a permanent placement of long-term foster care.	Timeframe	24 months (10/01/04 – 09/30/06)	Assigned to	PDD, AB636 Program/Policy Team, ARD, court personnel, County Counsel, SS, LRQ (Legislation, Research and Quality Support Services)
	5.1.2	Review adoptions completed within 24 months for children who had a permanent placement of long-term foster care for 12 months or longer.		24 months (10/01/04 – 09/30/06)		PDD, AB636 Program/Policy Team, ARD, court personnel, County Counsel, SS, LRQ
	5.1.3	Compare data gathered in milestones 5.1.1 and 5.1.2.		36 months (10/01/04 – 09/30/07)		PDD, AB636 Program/Policy Team, ARD, court personnel, County Counsel, SS, LRQ

Discuss changes in identified systemic factors needed to further support the improvement goals. Improved training for social workers and line supervisors will increase the appropriate use and effectiveness of concurrent planning, resulting in an improvement in performance in this outcome area. Continued refining of court procedures will facilitate faster adoptions. Increasing community capacity for adoptions will enable adoptions to occur sooner and enable the child to remain in the community.

Describe educational/training needs (including technical assistance) to achieve the improvement goals. Specific training programs will need to be developed in the areas of concurrent planning process and court procedures regarding juvenile dependency cases for parents, caretakers and staff. Technical assistance and numerous resources will be necessary to facilitate the needed informational changes in all of the above areas.

Identify roles of the other partners in achieving the improvement goals. DCS/ARD will assist PDD, PERC, Special Services, Adoptions and judicial representatives in reviewing existing training materials and policies/procedures in their respective areas. Any needed changes will be identified and the development of new procedures will be planned and implemented in the respective departments.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. The State could allocate more funding to adequately support at least the minimum staff required to meet all state and federal mandates for the provision of child welfare services. Legislation could be enacted that directs Juvenile Court activity be congruent with best practices and research based successful intervention strategies to assure family involvement and worker flexibility to modify case planning activity. Additional legislation is needed to control court and attorney activities that extend cases beyond the statutory limits for reunification and aid in timeliness for adoptions.

Children Transitioning to Self-Sufficient Adulthood (8A) [<return to top>](#)

The state outcome measure of Children Transitioning to Self-Sufficient Adulthood reflects the number of foster children who received Independent Living Services. The federal and state funded Independent Living Program (ILP) provides basic life skills, career exploration and job readiness preparation for foster youth. In ILP, 16-21 year olds learn skills to prepare them to transition to adulthood and to live on their own.

A vast array of job training, employment/education counseling, assistance with economic self-sufficiency, tutoring, scholarships, and financial assistance are available. Housing and transportation services are also provided. Financial incentives are provided as ILP youth complete conferences, workshops and classes. ILP youth also benefit from attending retreats and networking with each other. Youth accomplishments are featured in the ILP newsletter as well as other events and forums.

When ILP youth exit the program, they receive the necessary document packet (including a California ID card, birth certificate, social security card, DMV card, health history, and placement history), a Resource Directory for teens, and an Exit Package, which includes household start-up supplies. AfterCare services are available to exiting ILP youth through age 21. Most former foster youth are eligible for full Medi-Cal benefits through their 21st birthday.

San Bernardino County has implemented ILP services for Department of Children's Services dependents, Probation wards and youth who have aged out of the foster care system (AfterCare). Probation assists in recruiting and providing ILP services to their wards. AfterCare services for both Probation and DCS are contracted out through the competitive bid process. A portion of the DCS ILP allocation is awarded for this service.

High School Diploma	277
Enrolled in College/Higher Education	210
Received ILP Services	2,682
Completed Vocational Training	77
Employed or other means of support	612

ILP case management and youth milestones are not tracked on CWS/CMS. The Transitional Independent Living Plan (TILP) is a CWS/CMS text narrative document, which does not easily lend itself to automated data compilation and management reporting.

Based on data collected in a recent survey, ILP youth are optimistic about their future and most are planning to continue their education. The majority are satisfied with their communication with their social worker. The survey reveals a need for additional understanding of the importance of court proceedings. Additionally, the ILP youth surveyed appear to need assistance in developing positive relationships with their siblings.

While we are providing ILP services to a greater number of youth, relative to other counties, the effectiveness of these efforts is unclear. Improvement Goal 1.0 is to expand and improve the

quality of ILP data. Service delivery to ILP youth will be more effective when timely and accurate data is available to appropriately identify the areas of need and the effects of ILP services on the short-term and long-term outcomes for ILP youth. Review of existing expert research will enable us to identify and define outcomes measures for transitioning youth. We will develop a data collection protocol to enable on-going collection and evaluation of data from external sources, such as agencies currently providing services to this target population. Youth self-sufficiency conferencing will provide structured communication with transitioning youth, thereby enhancing delivery of ILP services. Utilizing the Transitional Independent Living Plan will result in better services provided to ILP youth.

Feedback will be gathered regarding the effectiveness of ILP services. Increased early awareness and exposure to ILP services is Improvement Goal 2.0. ILP training will enable Foster Parents and Relative Caregivers to become active participants in providing ILP services to youth. We will develop and distribute a Pre-ILP brochure, regarding ILP services, that is age appropriate for children ages 12-15. The brochure will provide pre-ILP youth with an awareness and anticipation of ILP services, which will become available at age 16. This will increase their participation when they become eligible to receive these ILP services. The brochure will also enable the caregiver to initiate early discussion with the youth regarding future education, employment and living skills. Strategies to achieve this goal include: establish guidelines to develop an appropriate training curriculum, encourage participation of foster parents and relative caregivers in helping youth to transition to independent living, and increase awareness of ILP services among pre-ILP youth.

Improvement Goal 3.0 requires the development of a California Youth Connection (CYC) chapter, a youth advisory board, which will be instrumental in obtaining input and feedback from youth on the direction of ILP service delivery. The CYC will also enable youth to become more actively involved in the creation of the ILP plan. Collaboration with community-based organizations will provide the necessary perspective to guide the development and operation of the CYC. We will identify youth to be involved in the CYC.

San Bernardino County will review current research, seek advice from community partners and agencies involved with transitioning youth, explore models of youth self-sufficiency conferencing and CYC, and seek technical assistance from appropriate entities. Additionally, we will advocate for systemic and legislative changes, which will enhance data availability and collection.

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Outcome/Systemic Factor: Children Transitioning to Self-Sufficient Adulthood (8A) – This measure reflects the number of foster children who received **Independent Living Program** services (ILP). Those services are appropriate education and training, and/or assistance with employment or economic self-sufficiency. The data includes youth, age 16 through 21. This is a state outcome measure.

County's Current Performance: Based on data collected in a recent survey, youth active in ILP activities are optimistic about their future and most are planning to continue their education. The majority of ILP Youth are satisfied with their communication with their social worker. The survey reveals a need for additional understanding of the importance of court proceedings. Additionally, the ILP youth surveyed appear to need assistance in developing positive relationships with their siblings.

Improvement Goal 1.0 Expand and improve the quality of ILP data.

<p>Strategy 1. 1 Identify and define outcome measures for transitioning youth.</p>	<p>Strategy Rationale: Service delivery to ILP youth will be more effective when timely and accurate data is available to appropriately identify the areas of need and the effects of ILP services on the short-term and long-term outcomes for ILP youth.</p>
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Milestone	1.1.1 Review existing research on transitioning youth through the Annie E. Casey Foundation, Chapin Hall, Cal Berkeley and CYC.	Timeframe	16 months (10/01/04 - 01/31/06)	Assigned to	Family-to-Family (F2F), Special Services (SS), Legislative Research Unit (LRU), Administrative Resources Division (ARD)
	1.1.2 Select appropriate outcomes for San Bernardino County.		9 months (02/01/06 - 10/31/06)		F2F, SS, ARD
	1.1.3 Monitor and Evaluate.		On-going		F2F, SS, LRU, ARD

<p>Strategy 1. 2 Investigate availability of additional sources of data.</p>	<p>Strategy Rationale: Development of data collection protocol will enable ongoing collection and evaluation of data from external sources.</p>
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Milestone	1.2.1 Evaluate existing data. Identify and coordinate with agencies currently providing services to youth and explore their data.	Timeframe	12 months (10/01/04 - 09/30/05)	Assigned to	ARD, SS, LRU
	1.2.2 Develop means to collect data.		12-18 months (10/01/04 - 03/30/06)		ARD, SS, LRU
	1.2.3 Collect data.		On-going		ARD, SS, LRU

	1.2.4 Evaluate data collected.		On-going		ARD, SS, LRU
	1.2.5 Advocate with State to improve statewide data collection and availability.		On-going		ARD, SS, LRU
Strategy 1.3 Explore Youth Self-Sufficiency Conferencing.			Strategy Rationale: Adopting a proven model of structured communication with transitioning youth will enhance delivery of ILP services and provide valuable feedback of information regarding the effectiveness of those services.		
Milestone	1.3.1 Evaluate existing youth self-sufficiency conferencing models.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	ARD, SS, F2F
	1.3.2 Develop policy and procedures for youth self-sufficiency conferencing.		6-12 months (10/01/05 – 09/30/06)		ARD, SS, F2F
	1.3.3 Implement youth self-sufficiency conferencing.		15 months (10/01/06 – 12/31/07)		ARD, SS, F2F
	1.3.4 Evaluate youth self-sufficiency conferencing.		On-going		LRU, ARD, SS, DCS Staff
Strategy 1.4 Improve Transitional Independent Living Plan (TILP) compliance.			Strategy Rationale: Ensuring the appropriate use of the TILP will result in more complete documents submitted to the Court and an increase in the services provided to ILP youth.		
Milestone	1.4.1 Establish policy on appropriate use of TILP in court reports.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	Program Development Division (PDD), SS, ARD
	1.4.2 Train social work staff and court personnel.		12-24 months (10/01/05 – 09/30/07)		Performance-Evaluation-Resource-Center (PERC), and Public-Child-Welfare-Training-Academy (PCWTA)
	1.4.3 Monitor TILP performance compliance.		On-going		SS, LRU, ARD
Improvement Goal 2.0 Increase early awareness and exposure to ILP services.					

Strategy 2.1 Expand ILP training for Foster Parents.				Strategy Rationale: ILP training will enable foster parents to become active participants in providing ILP services to youth.		
Milestone	2.1.1	Evaluate current Foster Parent training on ILP.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, SS, ARD, Community Colleges, PCWTA
	2.1.2	Establish guidelines for Foster Parents regarding ILP services.		18-24 months (10/01/05 – 09/30/07)		PDD, SS, ARD
	2.1.3	Encourage Foster Parent participation in providing ILP services to foster children.		On-going		SS, ARD
	2.1.4	Evaluate efforts.		On-going		SS, ARD
Strategy 2.2 Expand ILP training for relative caregivers.				Strategy Rationale: ILP training will enable relative caregivers to become active participants in providing ILP services to youth.		
Milestone	2.2.1	Evaluate current relative caregivers training on ILP.	Timeframe	12 months (10/01/04 – 09/30/05)	Assigned to	PDD, SS, ARD, Community Colleges, PCWTA
	2.2.2	Establish guidelines for relative caregivers regarding ILP services.		18-24 months (10/01/05 – 09/30/07)		PDD, SS, Kinship Support Services Program, ARD
	2.2.3	Encourage relative caregivers participation in providing ILP services to relative children.		On-going		SS, ARD
	2.2.4	Evaluate efforts.		On-going		SS, ARD
Strategy 2.3 Develop Pre-ILP Brochure, regarding ILP services, that is age appropriate for children ages 12-15.				Strategy Rationale: The brochure will provide Pre-ILP youth with an awareness and anticipation of ILP services that will become available to them in the near future. This will increase their participation when they are eligible to receive these ILP services. The brochure will also enable the caregiver to initiate early discussion with the youth regarding future education, employment and living skills.		
Milestone	2.3.1	Adapt existing ILP brochure to younger age group.	Timeframe	12 months (10/01/04 - 09/30/05)	Assigned to	PDD, SS, PERC, ARD

	2.3.2 Develop protocol for distribution to Foster Parents and youth. Mail yearly through coordination between Legislative Research Unit and ILP Coordinator.		24 months (10/01/05 – 09/30/07)		PDD, SS, LRU, ARD
	2.3.3 Track to see if it increases participation.		On-going		SS, LRU, ARD
Improvement Goal 3.0 Develop a Youth Advisory Board.					
Strategy 3.1 Facilitate the development of a chapter of California Youth Connection (CYC).			Strategy Rationale: A youth advisory board, CYC, will be instrumental in obtaining input and feedback from youth on the direction of ILP service delivery. Community involvement is essential.		
Milestone	3.1.1 Identify population to be served.	Timeframe	6-12 months (10/01/04 – 09/30/05)	Assigned to	ARD, SS, F2F, Community Partners (CP)
	3.1.2 Identify youth, community partners, and other stakeholding agencies to be involved with development. Include Children’s Network, Children’s Fund and Probation.		6-12 months (10/01/05 – 09/30/06)		ARD, SS, F2F, CP
	3.1.3 Convene committees.		6-12 months (10/01/06 – 09/30/07)		ARD, SS
	3.1.4 Look at CYC and YABs. Contact Youth Law Center for assistance.		36 months (10/01/04 – 09/30/07)		ARD, SS
Strategy 3.2 Recruit a community partner to help develop CYC.			Strategy Rationale: A community sponsor will provide the necessary perspective to guide the development and operation of the Youth Advisory Board.		
Milestone	3.2.1 Develop message to community concerning need for YAB.	Timeframe	9 months (01/01/05 – 09/30/05)	Assigned to	ARD, SS, F2F, CP

	3.2.2 Identify stakeholder agencies currently providing services to transitioning youth.		6 months (10/01/04 – 03/31/05)		ARD, SS, F2F, CP
	3.2.3 Present need for YAB to identified agencies.		6 months (04/01/05 – 09/30/05)		ARD, SS, CP
	3.2.4 Select a YAB model.		2 months (10/01/05 – 11/30/05)		ARD, SS, F2F, CP
Strategy 3.3 Identify youth to be involved in YAB.			Strategy Rationale: Leaders are made; therefore, appropriate training will be implemented to instruct youth in leadership skills.		
Milestone	3.3.1 Coordinate with CASA, schools, community partners and FFA's.	Timeframe	36 months (10/01/04 – 09/30/07)	Assigned to	ARD, SS, F2F
	3.3.2 Provide leadership skills training.		24 months (10/01/05 – 09/30/07)		ARD, SS, F2F, CP, YAB Sponsor
	3.3.3 Develop incentive plan for youth involved in YAB.		24–36 months (10/01/04 – 09/30/07)		ARD, SS
Describe systemic changes needed to further support the improvement goal. Enhancing aftercare services and establishing a system of on-going communication with transitioning youth will facilitate the measurement of the success of transition to self-sufficiency.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. ILP policy and procedure training will be provided to DCS social workers as well as court staff. Foster Parents and Relative Caregivers will receive training on ILP services and how to help youth to transition from foster care to independent living. ILP youth who participate in CYC will receive leadership training. Technical assistance and resources are necessary to accomplish these ILP improvement goals.					
Identify roles of the other partners in achieving the improvement goals. PCWTA and PERC will assist in reviewing existing training materials and policies/procedures, identifying needed changes and additions, and developing/implementing training. Community Colleges will be involved in identifying training needs. PDD will advise on training, policy development and procedures. LRU will provide the necessary statistical and legislative analysis. F2F will be vitally involved in planning and implementation as well as ongoing monitoring and evaluation. SS and ARD will remain involved through the entire process to lend support services. Community Partners will be encouraged and invited to be involved throughout this process.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. The County will continue to advocate for the necessary bridges to restricted data that is pertinent to tracking long-term outcomes for transitioning youth.					

Integration of Fairness and Equity in Child Welfare Services

The County of San Bernardino provides a system of child welfare that strives to provide appropriate culturally competent services, resources and supports in order to ensure that all children and families, regardless of racial/ethnic background or special needs, obtain similar benefit from child welfare interventions and attain equally positive outcomes. The County's child welfare system recognizes and removes the barriers to equal access to these services, especially for those children and families with special needs. The County Department of Children's Services is committed to integrating fairness and equity into all decision-making related to the development and implementation of CWS case plans.

Improvement Goal 1.0 calls for the Department to embed fairness and equity in the criteria used for all case decisions, particularly at critical decision points:

- Prevention and Intake;
- Placement and Family Maintenance (FM) / Family Reunification (FR) Decision;
- FR and On-going Services;
- Permanent Placement (PP) and On-going Services, and
- Transition Age Youth (AfterCare).

A cultural survey will be developed and administered to mandated reporters, social workers and CWS providers. The results will be analyzed in order to identify areas of resistance (barriers) and evaluated for possible areas of improvement (prevention) through training and updates to policies, procedures and decision-making instruments. By learning more about the manner in which racial and ethnic bias affects the child welfare system, opportunities for discrimination can be minimized. Objective instruments and guidelines free of racial and ethnic bias can be more effectively developed and implemented.

Improvement Goal 1.0 also calls for mandated reporters, child welfare services staff and community partners to be trained in cultural awareness and sensitivity, aimed at reducing racial/ethnic stereotypes and bias in decision-making. Training will foster a positive culture and more appropriate values among those involved in the child welfare system. Training will help to eliminate unnecessary removal of racial and ethnic minority children from their homes. The training will also reflect the findings of the cultural survey, and include a module on appropriate social worker attire for making home visits. In addition, a multicultural child abuse/neglect prevention workshop will be developed in order to be included in the established annual Children's Network Conference.

A critical element of Improvement Goal 1.0 is the creation of the Fairness and Equity Task Force, which will review and identify areas of policies, procedures and practices where fairness and equity need to be emphasized, especially in decision-making. The F&E Task Force will collaborate in making the necessary updates, then guide the development and implementation of training for DCS staff on these changes. Modification of policies, procedures and practice standards will enable the Department staff to deliver child welfare services in a fair and equitable manner.

Improvement Goal 2.0 is to evaluate data in order to identify factors that correlate to high risk of remaining in the child welfare system for a disproportionately long period of time. The F&E Task Force, with the statistical support of the Legislative Research Unit (LRU), will collect and evaluate data of actions that occur at early points in the child welfare system, in order to identify causes of racial and ethnic disparities. Minority overrepresentation is often a product of actions that occur at early points in the child welfare system. Racial and ethnic disparity begins at the referral stage. This disproportionality then carries through to all of the other decision points in the system, often increasing in its disparity. By defining the problem and identifying the scope of disparity and the specific points where disparity increases, data can inform choices and enable solutions.

The F&E Task Force and LRU will examine the criteria used by reporting sources when making a referral of child abuse or neglect. Through interviews of social workers and public health nurses providing child welfare services, an assessment will be made of the range of perceptions of what constitutes a “high risk family”.

Improvement Goal 2.0 also calls for comprehensive research that examines current professional publications and data, and identifies causal variables that affect child welfare services in the County. The F&E Task Force and LRU will also explore fairness and equity approaches already taken in other counties and in other agencies within the County of San Bernardino.

Improvement Goal 3.0 is to increase availability and access to resources and services, which are culturally competent and appropriate to the special needs of children and their families. Supportive services must be offered in the most appropriate manner in which the child and family can understand and benefit. Supportive services should be consistent with realistic expectations of the financial and logistical capabilities of the family. Supportive services must also be located in proximity to the child/family and be accessible to their special needs. To accomplish this goal, current resources and services will be inventoried in order to identify gaps in availability and barriers to accessibility.

The County’s diverse racial and ethnic demographics along with the immensity of its geographic expanse and its dispersed population centers create unique challenges and opportunities to address fairness and equity issues.

The ethnic and racial diversity of the DCS social work staff is indicative of the Department’s dedication and ability to deliver fair and equitable services to children in need. Improvement Goal 3.0 includes strategies to help social workers become aware of their personal biases that could affect their provision of services to children and families. Increased flexibility and cultural sensitivity on the part of social workers will increase the cooperation and comfort level of families with CWS workers. In addition, Improvement Goal 3.0 calls for continuing efforts to recruit and retain a diversified workforce of culturally competent social workers and CWS staff. The delivery of child welfare

services will also be diversified and enhanced by contracting with provider organizations located in neighborhoods and managed by people of color.

The keys to improvements in the area of fairness and equity will be the development of the F&E Task Force, training, recruitment, implementing changes, monitoring and on-going awareness. Researching and adapting existing successful practice models from other counties and agencies will enhance the Department's ability to implement these strategies more effectively and reach these goals sooner.

The Department has identified systemic factors affecting measures that show disparate outcomes for ethnic and racial minority children. The County's SIP addresses these factors in the goals developed for improving performance in the three outcome areas highlighted in the SIP.

In particular, the County's SIP includes provisions for increasing community capacity for adoptions in order to decrease the amount of time spent in foster care and to increase the opportunities for quick and successful adoption. In the SIP, the Department provides for implementation of the Family to Family process of collaborative planning in order to increase family decision-making practices by encouraging relatives to become involved in developing a plan to best meet the needs of the child. The SIP also identifies strategies to increase community capacity to provide early intervention aimed at decreasing the necessity to remove children from their birth families.

Underlying these goals is the recognition that improving the delivery of child welfare services requires that fairness and equity, along with the safety and well-being of each child, must be the foundation upon which a plan is developed for the child's permanency in a home with a caring, supportive family where the child can thrive.

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Outcome/Systemic Factor: Integration of Fairness and Equity in Child Welfare Services – How well does the County’s child welfare system provide appropriate culturally competent services, resources and supports in order to ensure that all children and families, regardless of racial/ethnic background or special needs, obtain similar benefit from child welfare interventions and attain equally positive outcomes?					
County’s Current Performance: Children of color enter the child welfare system more frequently and at higher rates, stay for longer periods, and have lower rates of reunification than Caucasian children. Children with special needs are often unable to access necessary services due to geographical barriers or lack of availability of appropriate services.					
Improvement Goal 1.0 Embed fairness and equity in the criteria used for all case decisions, particularly at critical decision points: 1) Prevention and Intake, 2) Placement and FM/FR Decision, 3) FR and On-going Services, 4) PP and On-going Services, and 5) Transition Age Youth (AfterCare).					
Strategy 1.1 Conduct a cultural survey in order to assess the child welfare system’s overall understanding and sensitivity to racial and ethnic disparities.			Strategy Rationale: By learning more about the manner in which racial and ethnic bias affects the child welfare system, opportunities for discrimination can be minimized. Objective instruments and guidelines free of racial and ethnic bias can be more effectively developed and implemented.		
Milestone	1.1.1 Develop survey and administer to mandated reporters, social workers and providers.	Timeframe	6 months (10/01/04 – 3/31/05)	Assigned to	Department of Children’s Services / Administrative Resources Division (DCS/ARD), Legislative Research Unit (LRU)
	1.1.2 Analyze results of survey.		2 months (04/01/05 – 05/31/05)		DCS/ARD, LRU
	1.1.3 Identify areas of resistance (barriers) and evaluate for possible areas of improvement (prevention) through training and policy/procedure/instrument updates.		4 months (06/01/05 – 09/30/05)		DCS/ARD, LRU, F&E Task Force (Fairness & Equity)

Strategy 1.2 Train mandated reporters, child welfare services staff and community partners in cultural awareness and sensitivity, aimed at reducing racial/ethnic stereotypes and bias in decision-making.				Strategy Rationale: Training will foster a positive culture and more appropriate values among those involved in the child welfare system. Training will also help to eliminate unnecessary removal of racial and ethnic minority children from their homes.			
Milestone	1.2.1	Develop training materials and implement training based upon results of cultural survey. Include training module on appropriate social worker attire for making home visits.	Timeframe	9 months (10/01/05 – 06/30/06)		Assigned to	DCS/ARD, PERC (Performance-Education-Resource-Center)
	1.2.2	Develop multicultural child abuse/neglect prevention workshop which will be included in established annual Children's Network Conference.		3 months (06/01/05 – 08/31/05)			PERC, DCS Mentors, DCS/ARD
	1.2.3	Update training materials and provide refresher training.		12 months (10/01/06 – 09/30/07)			DCS/ARD, PERC
Strategy 1.3 Update policies, procedures and practices in order to incorporate fairness and equity in all decision-making.				Strategy Rationale: Modification of policies, procedures and practice standards will enable the Department staff to deliver child welfare services in a fair and equitable manner.			
Milestone	1.3.1	Create task force to review and identify areas of policies, procedures and practices where fairness and equity need to be emphasized.	Timeframe	6 months (10/01/04 – 03/31/05)		Assigned to	DCS/ARD, LRU, F&E Task Force
	1.3.2	Make necessary updates to policies, procedures and practices.		12 months (10/01/05 – 09/30/06)			F&E Task Force, Program Development Division (PDD), DCS/ARD, DCS Administration
	1.3.3	Develop and implement training for staff as necessary in order to communicate changes in policies, procedures and practices.		12 months (10/01/06 – 09/30/07)			DCS/ARD, F&E Task Force, PERC

Improvement Goal 2.0 Evaluate data in order to identify factors that correlate to high risk of entering the system and high risk of remaining in the child welfare system for a disproportionately long period of time.						
Strategy 2.1 Collect and evaluate data of actions that occur at early points in the child welfare system, in order to identify causes of racial and ethnic disparities.			Strategy Rationale: Minority overrepresentation is often a product of actions that occur at early points in the child welfare system. Racial and ethnic disparity begins at the referral stage. This disproportionality then carries through to all of the other decision points in the system, often increasing in its disparity. By defining the problem and identifying the scope of disparity and the specific points where disparity increases, data can inform choices and enable solutions.			
Milestone	2.1.1	Explore the reporting sources of referrals and the race and ethnicity of the children being referred by each source.	Timeframe	3 months (04/01/05 – 06/30/05)	Assigned to	F&E Task Force, LRU
	2.1.2	Identify, by reporting source, possible causal factors affecting the criteria used in determining that a referral is necessary.		3 months (07/01/05 – 09/30/05)		F&E Task Force, LRU
	2.1.3	Randomly interview intake social workers and public health nurses (involved in providing CWS services) in order to assess the range of perceptions of what constitutes a “high risk family”.		6 months (04/01/05 – 09/30/05)		F&E Task Force, LRU
	2.1.4	Conduct comprehensive research that examines current professional publications and data, and identifies causal variables that affect CWS in San Bernardino County.		12 months (04/01/05 – 03/31/06)		F&E Task Force, LRU
	2.1.5	Research fairness and equity approaches already taken in other counties and in other agencies within San Bernardino County.		12 months (04/01/05 – 03/31/06)		F&E Task Force, LRU
Improvement Goal 3.0 Increase availability and access to resources and services which are culturally competent and appropriate to the special needs of children and their families.						

Strategy 3.1 Inventory current resources and services and identify gaps in availability and barriers to accessibility.			Strategy Rationale: Supportive services must be offered in the most appropriate manner in which the child and family can understand and benefit. Supportive services should be consistent with realistic expectations of the financial and logistical capabilities of the family. Supportive services must also be located in proximity to the child/family and be accessible to their special needs.			
Milestone	3.1.1	Review current array of service providers in order to ascertain their ability to meet the particular needs of racial and ethnic minority children and special needs children and their families.	Timeframe	6 months (04/01/05 – 09/30/05)	Assigned to	F&E Task Force, DCS/ARD/Community Resource Unit (CRU)
	3.1.2	Assess each provider's ADA compliance and proximity by public transportation.		6 months (04/01/05 – 09/30/05)		F&E Task Force, CRU
	3.1.3	Recommend solutions to resolve barriers to availability and accessibility.		9 months (10/01/05 – 06/30/06)		F&E Task Force, CRU
Strategy 3.2 Improve the flexibility and sensitivity of those providing service to CWS children and families.			Strategy Rationale: Social workers should be aware of biases, which could affect their provision of services to children and families. Increased cultural sensitivity on the part of social workers will increase the cooperation of and comfort level of families with CWS workers.			
Milestone	3.2.1	Continue to diversify the composition of the child welfare system's workforce of culturally competent social workers, CWS support staff, and providers.	Timeframe	On-going	Assigned to	DCS Administration, DCS/ARD, F&E Task Force, Community Partners, Child Welfare Services (CWS) Providers, CWS Agencies
	3.2.2	Develop "Do You Know" information sheets in order to make social workers aware that their clothing attire, jewelry and makeup may be inappropriate for the home setting they are visiting.		2 months (10/01/04 – 11/30/04)		DCS/ARD, PDD

	3.2.3 Diversify the service delivery system by contracting with organizations located in neighborhoods and managed by people of color.		On-going		DCS Administration, DCS/ARD, CWS Providers, CWS Agencies, Community Partners, F&E Task Force
Describe systemic changes needed to further support the improvement goal. Keys to improvement in this area of fairness and equity will be development of the F&E Task Force, training, recruitment, implementing changes, monitoring and on-going awareness.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Researching and adapting existing successful practice models from other counties and agencies will enhance the Department's ability to implement these strategies more effectively and reach these goals sooner.					
Identify roles of the other partners in achieving the improvement goals. DCS/ARD will coordinate efforts until the F&E Task Force is implemented. DCS Mentors, PERC, CWS agencies and community partners will provide valuable perspective and input to achieving milestones with balance. PDD, CRU and LRU will provide technical support. DCS Administration will provide policy to make the necessary improvements.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. The State should continue to update regulations and statutes to allow the counties greater access to more reliable data.					

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